



2008 STATUS OFFENDER DETENTION REPORT CALIFORNIA CORRECTIONS STANDARDS AUTHORITY

- SEND IN A SEPARATE REPORT FOR EACH STATUS OFFENDER (WIC 601) **HELD IN DETENTION.**
 - SUBMIT REPORT BY THE 10TH OF THE MONTH FOLLOWING THE MINOR'S RELEASE.
- QUESTIONS? Call 916.445.5073

Section A-Facility Information

Facility Name:		
County:		
Type of Facility:	<input type="checkbox"/> Juvenile Hall	<input type="checkbox"/> Camp <input type="checkbox"/> Special Purpose Juvenile Hall

Section B-Minor's Information

Minor's Name:		Minor's County ID#:	
Intake Date (dd/mm/yy):		Intake Time (military time):	
Release Date (dd/mm/yy):		Release Time (military time):	
Total Time In Secure Detention:			
12 Hours or Less <input type="checkbox"/> 12-24 Hours <input type="checkbox"/> 24-72 Hours <input type="checkbox"/> 72 Hours or More <input type="checkbox"/>			

Section C-Type of Status Offense

Please choose ONLY accused or adjudicated and the reason held below.

ACCUSED <input type="checkbox"/>
Reason for Detention
<div></div>

ADJUDICATED <input type="checkbox"/>
Reason for Detention
<i>The minor is a WIC 601 ward of the court held for the following reason(s):</i>
<div></div>

Beyond Control of Parents	<input type="checkbox"/>
Curfew	<input type="checkbox"/>
Truancy/Beyond Control of School	<input type="checkbox"/>
Warrant Check/Hold Only	<input type="checkbox"/>
Runaway (CA Resident)	<input type="checkbox"/>
Runaway (Out of State & <u>Interstate Compact Filed</u>)	<input type="checkbox"/>
Runaway (Out of State- <u>NO Interstate Compact</u>)	<input type="checkbox"/>
Bench Warrant	<input type="checkbox"/>
Possession of Alcohol (B&P 25662 [a])	<input type="checkbox"/>
Other (Please Briefly Describe Below)	<input type="checkbox"/>

Bench Warrant	<input type="checkbox"/>
Held Pending Contempt Hearing	<input type="checkbox"/>
Committed to Juvenile Hall	<input type="checkbox"/>
Found in Contempt of Court	
**Attach a copy of Valid Court Order Checklist <u>AND</u> Minute Order specifying terms of the court order.	
Other (Please Briefly Describe Below):	<input type="checkbox"/>

Section D-Reporting Information

Person Reporting (Name and Title):	Date:	Phone:
		E-Mail:
Facility Manager (Name and Title):	Date:	Phone:
		E-Mail:

Submit Completed Report to:

E-Mail: analyst@cdcr.ca.gov / FAX: 916.322.2461

Mail: ANALYST, Corrections Standards Authority * 600 Bercut Drive * Sacramento CA 95811